

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT COOPERATION TREATY APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled E2F ACTIVITY-INHIBITING COMPOUND

the specification of which was filed as PCT International Application No. PCT/JP97/03442
Sept. 26, 1997 and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Country	Application No.	Filed (Day/Mo./Yr.)	Priority Claimed (Yes/No)
Japan	P. Hei. 8-259432	30/9/1996	Yes

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Kenji SHIBATA
Inventor's signature Kenji Shibata
Date March 18, 1999 Citizenship/Subject of Japan
Residence Tokyo, Japan
Post Office Address 1-630-9, Atago, Tama-shi, Tokyo 206-0041 Japan

Full Name of Second Joint Inventor, if any Motoo YAMASAKI
Inventor's signature Motoo Yamasaki
Date March 18, 1999 Citizenship/Subject of Japan
Residence Tokyo, Japan
Post Office Address 1-12-17, Asahi-machi, Machida-shi, Tokyo 194-0023 Japan

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT COOPERATION TREATY APPLICATION

(Page 2)

Full Name of Third Joint Inventor, if any Tetsuo Yoshida
Inventor's signature *Tetsuo Yoshida*
Date March 18, 1999 Citizenship/Subject of Japan
Residence Texas, United States of America
Post Office Address 6211 Love Drive, #2535 Irving, Texas, 75039 United States of America

Full Name of Fourth Joint Inventor, if any Tamio MIZUKAMI
Inventor's signature *Tamio Mizukami*
Date March 18, 1999 Citizenship/Subject of Japan
Residence Tokyo, Japan
Post Office Address 2141-69, Honmachida, Machida-shi, Tokyo 194-0032 Japan

Full Name of Fifth Joint Inventor, if any _____
Inventor's signature _____
Date _____ Citizenship/Subject of _____
Residence _____
Post Office Address _____

Full Name of Sixth Joint Inventor, if any _____
Inventor's signature _____
Date _____ Citizenship/Subject of _____
Residence _____
Post Office Address _____

Full Name of Seventh Joint Inventor, if any _____
Inventor's signature _____
Date _____ Citizenship/Subject of _____
Residence _____
Post Office Address _____

Full Name of Eighth Joint Inventor, if any _____
Inventor's signature _____
Date _____ Citizenship/Subject of _____
Residence _____
Post Office Address _____

Full Name of Ninth Joint Inventor, if any _____
Inventor's signature _____
Date _____ Citizenship/Subject of _____
Residence _____
Post Office Address _____

Full Name of Tenth Joint Inventor, if any _____
Inventor's signature _____
Date _____ Citizenship/Subject of _____
Residence _____
Post Office Address _____